

NATCHIQ, INC.

Employee Information Record

Oracle Employee ID #:

COMPANY	<input checked="" type="checkbox"/> APC	<input type="checkbox"/> APEL	<input type="checkbox"/> HCC	<input type="checkbox"/> HCC/NANA	<input type="checkbox"/> NATCHIQ
	<input type="checkbox"/> APC/WOOD	<input type="checkbox"/> GLOBAL PC	<input type="checkbox"/> OMEGA		
APC ARCO OPERATIONS DEPARTMENT	<input checked="" type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Return From Leave of Absence	<input type="checkbox"/> Information Change Only	
	<input type="checkbox"/> Transfer	Supervisor's Release:			

PERSONAL INFORMATION		(USE BLACK PEN PLEASE)		Kuparuk Emp No.
Last Name	First Name	MI	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: Date of Birth
GILBERT	John	D		526-77-3420
Primary Address	City	State	Zip	
HC 67 Box 2049	CHALLIS	IDAHO	83726	
Secondary Address	City	State	Zip	
Telephone	Emergency Contact (Name)	Emergency Telephone		
208-879-5186	CINDY CROSS	(208) 879-5186 / (208) 879-2366		
ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No		X 517	
Previously Employed by ASRC or a Subsidiary?	Name of Spouse			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Company:			
Original Employment	Separation Date	Previous Supervisor:		

EMPLOYMENT INFORMATION		(OFFICE USE ONLY)		JVA NO.
Organization:	APC ARCO OPERATIONS DEPT	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt	
Job Code:	2626 00000. Staff. Sr. Staff. H. Specialist	Effective Date:	1/30/01	Title: SAFETY Specialist
Location:	KUPARUK	Rate of Pay:	\$ 358.88	
<input checked="" type="checkbox"/> Full-time - Regular	<input type="checkbox"/> PT Reg <18 hours	<input type="checkbox"/> Hourly	<input checked="" type="checkbox"/> Day Rate	<input type="checkbox"/> Salary
<input type="checkbox"/> Full-time - Temporary	<input type="checkbox"/> PT Reg >20 hours	Standard Work Week Hours:	70	
<input type="checkbox"/> Part-time - Temporary		Workers' Comp Code:	068810	
		Project No:	2626	Union No.: 167757

SIGNATURES	
By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposit, the employee's payroll check will be forwarded to their respective work site each Friday.	
Employee Signature:	Date Signed: 1/31/01
Witness Signature:	Date Signed: 1-31-01
Immediate Supervisor:	Date Signed: 1/16/01
Department Manager:	Date Signed: 1/10/01

APC0032

A RCO OF OPERATIONS DEPARTMENT	COMPANY	<input checked="" type="checkbox"/> APC	<input type="checkbox"/> APEL	<input type="checkbox"/> HCC	<input type="checkbox"/> HCC/NANA	<input type="checkbox"/> NATCHIQ
		<input type="checkbox"/> APC/WOOD	<input type="checkbox"/> GLOBAL PC			<input type="checkbox"/> OMEGA
	<input checked="" type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Return From Leave of Absence	<input type="checkbox"/> Information Change Only		
	<input type="checkbox"/> Transfer	From: To:	Supervisor's Release: _____			

PERSONAL INFORMATION		(USE BLACK PEN PLEASE)		Kuparuk Emp No. 6804	
Last Name	First Name	MI	<input checked="" type="checkbox"/> Male	Social Security #	Date of Birth
GILBERT	John	D	<input type="checkbox"/> Female	526-77-3420	12/07/63
Primary Address	City	State	Zip		
HC 67 Box 2049	CHALLIS	IDAHO	83226		
Secondary Address	City	State	Zip		
3.5 mi west of Hwy 75 & 93 Junction	CHALLIS	ID	83226		
Telephone	Emergency Contact (Name)	Emergency Telephone			
208-879-5186	CINDY GILBERT	(208) 879-5186 H			
ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No	w (208) 879 2304 x 517			
Previously Employed by ASRC or a Subsidiary?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Company:			
Original Employment Date	Separation Date:	Previous Supervisor:			

EMPLOYMENT INFORMATION		(OFFICE USE ONLY)		JVA NO.	
C	ization:	<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt		
APC ARCO OPERATIONS DEPT		Effective Date:	1/30/01	Title:	SAFETY Specialist
Job Code:	2626 00000. Staff. Sr. Safety Specialist	Rate of Pay	\$ 350.00		
		<input type="checkbox"/> Hourly	<input checked="" type="checkbox"/> Day Rate	<input type="checkbox"/> Salary	
Location:	KUPARUK	Standard Work Week Hours:	70		
<input checked="" type="checkbox"/> Full-time - Regular	<input type="checkbox"/> PT Reg <19 hours	<input type="checkbox"/> PT Reg >30 hours	Workers' Comp Code:	008810	
<input type="checkbox"/> Full-time - Temporary	<input type="checkbox"/> PT Reg >20 hours	<input type="checkbox"/> Part-time - Temporary	Project No.:	2626	AcS: Union No.: 1671541

SIGNATURES

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Employee Signature:	<u>John D. Gilbert</u>	Date Signed:	<u>2/2/01</u>
Witness Signature:	_____	Date Signed:	_____
Immediate Supervisor:	<u>Ronald M. Kirk</u>	Date Signed:	<u>1/10/01</u>
Department Manager:	<u>[Signature]</u>	Date Signed:	<u>1/10/01</u>
			<u>2/1/01</u>

APC0031

GENERAL INFORMATION

Policy Number: 0002000		Employer Name: Natchiq, Inc.		
Divison Number				
Employee Name: JOHN GILBERT	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Date of Birth: 12/17/63	Social Security Number: 526 177 13420	State of Birth: TX
Spouse Name: N/A	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: N/A	Social Security Number: / N/A /	State of Birth: N/A
Street Address: HC 67 Box 2049	Home Phone: (208) 679-5186		<input type="checkbox"/> Single	Date of Hire
City/State/Zip: CHALLIS, IDAHO 83226	Work Phone: (208) 659-7569		<input checked="" type="checkbox"/> Married	2/1/01
Employee Occupation (Specific Duties): H&H-SAFETY, ENVIRONMENTAL SPECIALIST	Earnings: \$ +80K	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Yearly	Hours worked per week: +70	

VOLUNTARY BENEFIT PROGRAM

<input checked="" type="checkbox"/> Voluntary Short-term Disability		Total Premium
Elimination Period	<input checked="" type="checkbox"/> 1 Day Injury/8 Day Sickness	\$ 45.60
Benefit Duration	<input checked="" type="checkbox"/> 26 Week Benefit	
Weekly Benefit Amount \$	600.00	

REQUEST FOR COVERAGE

The Voluntary Benefit Program has been offered to me and after seriously considering the benefit, I have decided to: (Please indicate your choice)

☒ **REQUEST COVERAGE** for which I am or may become eligible under the group policies issued by Guarantee Life Insurance Company. I also: (1) authorize any required deductions from my earnings; (2) name the beneficiary on this Enrollment Form to receive any benefits payable in the event of my death; (3) represent that my answers under the "Statement of Health" on the back of this Enrollment Form are true and complete, and that information on each item answered "yes" has been fully disclosed; and (4) understand that to be eligible, I must be a permanent employee working at least 30 hours per week.

NOTE: If you have chosen to participate in the Voluntary Benefit Program(s), please review the Authorization and sign below.

☐ **NOT ENROLL** myself or dependents in the Program. I understand that if I apply for coverage at a later date, and if a physical examination or further medical information is required, it will be at my own expense.

THE AUTHORIZATION BELOW MUST BE SIGNED AND DATED OR THE ENROLLMENT FORM WILL BE RETURNED

This authorization applies to any physician, medical professional, hospital, clinic, other medically related facility, insurance or reinsurance company, the Medical Information Bureau, Inc., (MIB), consumer reporting agency or employer, having: (1) information about the diagnosis, treatment or prognosis of any physical or mental condition of me or my minor children; or (2) any other non-medical information about me or my minor children.

I authorize the above sources to give Guarantee Life Insurance Company, its reinsurers, or any of the above sources (except the MIB) such information. I understand Guarantee Life Insurance Company will use the information obtained with this Authorization to determine eligibility for insurance, and will release such information only: (1) to reinsurance companies, the MIB, or other persons or organizations performing business or legal services in connection with my application; or (2) as I may further authorize or as may be lawfully required. I know that I may request a copy of this Authorization, and acknowledge receipt of the Notice of Information Practices. I agree this Authorization shall be valid for 2 1/2 years from the date shown below, and that a photocopy shall be as valid as the original.

Signed this 23 day of March, 2001 Signature of Employee: John D. Gilbert Date: 3-23-01

The insurance requested on this enrollment form will not be effective until approved by the Home Office of Guarantee Life Insurance Company, and the initial premium is paid to Guarantee Life Insurance Company. A delayed effective date will apply if the employee is not actively at work, or a dependent is in a period of limited activity on the date insurance would otherwise take effect.

**NATCHIQ, INC.**Oracle Employee ID #: **7480**

COMPANY APC PHILLIPS OPERATIONS DEPARTMENT	<input checked="" type="checkbox"/> APC	<input type="checkbox"/> APEL	<input type="checkbox"/> HCC	<input type="checkbox"/> HCC/NANA	<input type="checkbox"/> NATCHIQ
	<input type="checkbox"/> APC/WOOD	<input type="checkbox"/> GLOBAL PC			
	<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Return From Leave of Absence	<input checked="" type="checkbox"/> Information Change Only <i>Rate change</i>	
	<input type="checkbox"/> Transfer	Supervisor's Release: _____			

PERSONAL INFORMATION		(USE BLACK PEN PLEASE)		Kuparuk Emp No. 6804	
Last Name GILBERT	First Name JOHN	MI D	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # 526-77-3420	Date of Birth 12/1/63
Mailing Address		City	State	Zip	
Physical Address		City	State	Zip	
Telephone		Emergency Contact (Name)		Emergency Telephone	
ASRC Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Spouse: _____	
Previously Employed by ASRC or a Subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Company: _____			
Original Employment Date: _____		Separation Date: _____		Previous Supervisor: _____	

EMPLOYMENT INFORMATION		(OFFICE USE ONLY)		JVA NO.	
Organization: APC PHILLIPS OPERATIONS DEPT		<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		Effective Date: 6/18/01 Title: SAFETY SPECIALIST	
Job Code: 00000. STAFF SAFETY SPECIALIST L		Rate of Pay \$ 425		<input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Day Rate <input type="checkbox"/> Salary	
Location: KUPARUK		Standard Work Week Hours: 70		Workers' Compensation Code: 0051006	
<input checked="" type="checkbox"/> Full-time -- Regular <input type="checkbox"/> PT Reg < 19 hours <input type="checkbox"/> PT Reg > 30 hours		<input type="checkbox"/> Full-time -- Temporary <input type="checkbox"/> PT Reg > 20 hours <input type="checkbox"/> Part-time -- Temporary		Project No. 2625 ACES Code: 10775L	

SIGNATURES

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Employee Signature: *John Gilbert* Date Signed: 6/15/01

Witness Signature: _____ Date Signed: _____

Immediate Supervisor: *Scott McKee* Date Signed: 6/15/01

Department Manager: *[Signature]* Date Signed: 6/15/01



Employee Information Record

NATCHIQ, INC.

Oracle Employee ID #: 7480

COMPANY APC PHILLIPS OPERATIONS DEPARTMENT	<input checked="" type="checkbox"/> APC	<input type="checkbox"/> APEL	<input type="checkbox"/> HCC	<input type="checkbox"/> HCC/NANA	<input type="checkbox"/> NATCHIQ
	<input type="checkbox"/> APC/WOOD	<input type="checkbox"/> GLOBAL PC	<input type="checkbox"/> OMEGA		
	<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Return From Leave of Absence	<input checked="" type="checkbox"/> Information Change Only	
	<input type="checkbox"/> Transfer	From: To:		Supervisor's Release: _____	

PERSONAL INFORMATION		(USE BLACK PEN PLEASE)		Kuparuk Emp No.	
Last Name GILBERT	First Name JOHN D	MI	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # 526-77-3420	Date of Birth 12/7/63
Mailing Address HC 67 BOX 2049		City CHALIS CHALLIS	State ID	Zip 83226-	
Physical Address HC 67 Box 2049		City CHALIS CHALLIS	State ID	Zip 83226-	
Telephone (208) 879-5186	Emergency Contact (Name) CINDY GROSS GILBERT		Emergency Telephone (208) 879-2304 x 517		
ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Spouse: _____					
Previously Employed by ASRC or a Subsidiary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Company: _____			
Original Employment Date: _____		Separation Date: _____		Previous Supervisor: _____	

EMPLOYMENT INFORMATION		(OFFICE USE ONLY)		JVA NO.	
Organization: APC PHILLIPS OPERATIONS DEPT		<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		Effective Date: _____ Title: Supervisor, Safety	
Job Code: 00000.Staff.SupSfty.J.Supervisor Safety		Rate of Pay \$		<input type="checkbox"/> Hourly <input type="checkbox"/> Day Rate <input type="checkbox"/> Salary	
Location: KUPARUK		Standard Work Week Hours: _____		Workers' Compensation Code: 005606	
<input checked="" type="checkbox"/> Full-time -- Regular <input type="checkbox"/> Full-time -- Temporary		<input type="checkbox"/> PT Reg<19 hours <input type="checkbox"/> PT Reg>20 hours		Project No.: 626 ACES Code: 17900J	
<input type="checkbox"/> PT Reg>30 hours <input type="checkbox"/> Part-time -- Temporary					

SIGNATURES	
Employee Signature: _____	Date Signed: _____
Witness Signature: _____	Date Signed: _____
Immediate Supervisor: _____	Date Signed: _____
Department Manager: _____	Date Signed: _____

12/2000

Training Server Org Code:

APC0021

**NATCHIQ, INC.**Oracle Employee ID #: 7480

COMPANY APC PHILLIPS OPERATIONS DEPARTMENT	<input checked="" type="checkbox"/> APC	<input type="checkbox"/> APEL	<input type="checkbox"/> HCC	<input type="checkbox"/> HCC/NANA	<input type="checkbox"/> NATCHIQ
	<input type="checkbox"/> APC/WOOD	<input type="checkbox"/> GLOBAL PC	<input type="checkbox"/> OMEGA		
	<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Return From Leave of Absence	<input checked="" type="checkbox"/> Information Change Only	Rate Increase with Position Change
	<input type="checkbox"/> Transfer	From: To:	non union transfers only		Supervisor's Release: _____

PERSONAL INFORMATION		(USE BLACK PEN PLEASE)		Kuparuk Emp No. <u>6804</u>	
Last Name	First Name	MI	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #	Date of Birth
Gilbert	John	D		526-77-3420	12/7/63
Mailing Address		City	State	Zip	
Physical Address		City	State	Zip	
Telephone		Emergency Contact (Name)		Emergency Telephone	
ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is Spouse an ASRC Shareholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Spouse: _____					
Previously Employed by ASRC or a Subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Company: _____			
Original Employment Date: _____		Separation Date: _____		Previous Supervisor: _____	

EMPLOYMENT INFORMATION		(OFFICE USE ONLY)		JVA NO.	
Organization: <u>APC PHILLIPS OPERATIONS DEPT</u>		<input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		Effective Date: <u>1/3/2002</u>	
Job Code: <u>00000. Craft. Sup Sfty. J. Supervisor Safety</u>		Title: <u>Safety Supervisor</u>		Rate of Pay \$ <u>475.00</u>	
Location: <u>KUPARUK</u>		<input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Day Rate <input type="checkbox"/> Salary		Standard Work Week Hours: <u>70</u>	
<input checked="" type="checkbox"/> Full-time -- Regular		<input type="checkbox"/> PT Reg < 19 hours		Workers' Compensation Code: <u>008810 office staff</u>	
<input type="checkbox"/> Full-time -- Temporary		<input type="checkbox"/> PT Reg > 20 hours		Project No.: <u>2624</u>	
		<input type="checkbox"/> Part-time -- Temporary		ACES Code: <u>17900J</u>	

SIGNATURES

By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of this form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposits, the employee's payroll check will be forwarded to their respective work site each Friday.

Employee Signature: John Gilbert Date Signed: 1-4-02

Witness Signature: _____ Date Signed: _____

Immediate Supervisor: _____ Date Signed: _____

Department Manager: David J. L... Date Signed: 1-4-02

1/4/02 Training Server Org Code: _____